

Registration Form



Monday, August 7, 2006
Ramkota Conference Center, Pierre, SD
9:30 a.m. to 4:30 p.m.

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Please mark 1 & 2 by the work groups you would most like to work on during the day and mail in the enclosed envelope or fax to 605-773-4236. Thank You!

<input type="checkbox"/> Pipeline	<input type="checkbox"/> Capacity	<input type="checkbox"/> Internships/Clinicals
<input type="checkbox"/> Perception & Awareness of Need	<input type="checkbox"/> Recruitment/Retention	

If you have any questions, please call Mona Yanacheak, OCTE Health Science Program Representative at 605-773-4527.

You can print a full registration form and agenda at: <http://doe.sd.gov/octe/training/>